



MAMA YE DICTIONARY

**Definition of maternal
and newborn health terms**



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TERMS

A

Abortion

The termination of a pregnancy before the foetus has attained viability. An abortion can occur spontaneously, in which case it is often called a miscarriage. An abortion can also be purposely induced, which is called an induced abortion.

See also **Unsafe Abortion**

Source / Further information:

Shah, I. H., Ahman, E., & Ortayli, N. (2014). Safe Abortion Annex. In ICPD Beyond 2014 Expert Meeting on Women's Health - rights, empowerment and social determinants, 30 September - 2nd October. Mexico City, Mexico.

Accessibility (of Health Services)

Aspects of the structure of health services or health facilities that enhance the ability of people to reach a health care practitioner, in terms of location, time, and ease of approach.

Source / Further information:

World Health Organization. (2015). Health Systems Strengthening Glossary. Retrieved from http://www.who.int/healthsystems/hss_glossary/en

Adolescent Fertility Rate (AFR)

The expected number of girls aged 15-19 that will become pregnant each year out of 1 000 girls in that same age group, in a given population.

Source / Further information:

World Health Organization. (2015). Adolescent fertility. Retrieved from http://www.who.int/gho/maternal_health/reproductive_health/adolescent_fertility_text/en/

A

Antenatal Care (ANC) Also known as Prenatal Care

Care of a pregnant woman before delivery of the infant. The World Health Organization recommends a minimum of four antenatal visits during the pregnancy.

Source / Further information:

World Health Organization. (2015). Antenatal care (at least 4 visits) Retrieved from http://www.who.int/gho/urban_health/services/antenatal_care_text/en/

Antenatal Corticosteroids (ACS or Corticosteroids)

An injection given to pregnant women at risk of preterm delivery to help the babies' lungs rapidly mature. When administered in the context of high quality care, corticosteroids improve chances of newborn survival.

See also **Preterm Birth**

Source / Further information:

Healthy Newborn Network. (2015). Antenatal Corticosteroids. Retrieved from <http://www.healthynewbornnetwork.org/topic/antenatal-corticosteroids>

B

Basic Emergency Obstetric and Neonatal Care (BEmONC)

Facilities that provide the seven basic medical interventions (signal functions) to treat the main complications during delivery are called Basic Emergency Obstetric and Neonatal Care facilities (BEmONC). These are usually health centres, polyclinics or small hospitals. If a facility provides some but not all of the basic services it may be called Partial BEmONC.

See also **Signal Functions, EmONC & CEmONC.**

Source / Further information:

World Health Organization, UNFPA, UNICEF, & AMDD. (2009). Monitoring Emergency Obstetric Care: A handbook. Geneva: WHO, UNFPA, UNICEF, & AMDD. Retrieved from <http://www.who.int/reproductivehealth/publications/monitoring/9789241547734/en/>

C

Caesarean Section (C-Section)

Surgical procedure used to deliver the baby through an incision in the mother's abdomen and uterus.

Source / Further information:

World Health Organization. (2015). WHO Statement on Caesarean Section Rates. Retrieved from http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/cs-statement/en/

Cause of Death

It is the underlying medical reason when a maternal death occurs. It can be difficult to determine the cause of death, especially when it occurs outside of a health facility. Causes of death can be split into two categories: indirect causes and direct causes. Indirect causes are due to underlying conditions, which may cause complications in the pregnancy or be aggravated by the pregnancy. Examples of indirect causes include malaria or anaemia. Indirect causes account for about 20% of maternal deaths worldwide. Direct causes are conditions directly related to the pregnancy or delivery.

The most common direct causes of maternal death are:

- ▶ Haemorrhage (postpartum or antepartum)
- ▶ Sepsis
- ▶ Complications of abortion (spontaneous or induced)
- ▶ Hypertensive disorders (including eclampsia)
- ▶ Obstructed labour

Source / Further information:

The World Health Organization. (2014). Maternal mortality Fact sheet N°348. Retrieved from <http://www.who.int/mediacentre/factsheets/fs348/en/>

C

Child Mortality

The death of a child for any reason between birth and the child's 5th birthday.

Source / Further information:

UNICEF, The World Health Organization, The World Bank, & United Nations Population Division. (2014). Levels and Trends in Child Mortality Report 2014: Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. New York: UNICEF. Retrieved from http://www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2014/en/

Child Mortality Rate

Also known as the
Under 5 Mortality Rate

This represents the number of deaths of children aged below five years in a particular population in a given time (usually a year) expressed as the number of deaths per 1000 live births in the same population and time period. Although use of the term child is not consistent, it often represents the period between the day of birth up to the fifth birthday.

Source / Further information:

UNICEF, The World Health Organization, The World Bank, & United Nations Population Division. (2014). Levels and Trends in Child Mortality Report 2014: Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. New York: UNICEF. Retrieved from http://www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2014/en/

Complications

The major obstetric complications, which can progress to become a cause of maternal death.

Examples are:

- ▶ severe bleeding (mostly bleeding after childbirth also known as postpartum haemorrhage or obstetrical haemorrhage)
- ▶ infections (usually after childbirth also known as postpartum sepsis or puerperal fever)
- ▶ high blood pressure during pregnancy (pre-eclampsia and eclampsia)
- ▶ unsafe abortion

See also **Cause of Death**

Source / Further information:

The World Health Organization. (2014). Maternal mortality Fact sheet N°348. Retrieved from <http://www.who.int/mediacentre/factsheets/fs348/en/>

C

Comprehensive Emergency Obstetric and Neonatal Care (CEmONC)

Facilities that provide the seven basic medical interventions (signal functions) to treat the main complications during delivery PLUS provide the additional two comprehensive interventions are called Comprehensive Emergency Obstetric and Neonatal Care facilities (CEmONC). These are usually larger facilities such as district hospitals and referral centres.

See also **Signal Functions, EmONC & BEmONC**

Source / Further information:

World Health Organization, UNFPA, UNICEF, & AMDD. (2009). Monitoring Emergency Obstetric Care: A handbook. Geneva: WHO, UNFPA, UNICEF, & AMDD. Retrieved from <http://www.who.int/reproductivehealth/publications/monitoring/9789241547734/en/>

Continuum of Care

An effective continuum of care connects essential maternal, newborn, and child health (MNCH) services, throughout adolescence, pregnancy, childbirth, postnatal and newborn periods and into childhood.

Source / Further information:

The Partnership for Maternal, Newborn & Child Health. (2011). PMNCH Fact Sheet: RMNCH Continuum of care. Retrieved from http://www.who.int/pmnch/about/continuum_of_care/en/

Cross-Sectional Study

A cross-sectional study is one that takes place in a particular population or area at a single point in time.

Source / Further information:

Trochim, W. M. K. (2006). Time in Research. Retrieved from <http://www.socialresearchmethods.net/kb/timedim.php>

DE

Demographic and Health Survey (DHS)

Demographic and Health Surveys (DHS) are nationally-representative household surveys that provide data on population, health, and nutrition, including antenatal, delivery and postnatal care and infant and child mortality rates.

Source / Further information:

The Demographic and Health Surveys Program. (2015). The DHS Program: Demographic Health Surveys. Retrieved from <http://www.dhsprogram.com/>

Eclampsia

Eclampsia is the development of seizures in a woman with severe preeclampsia. Magnesium sulfate can be given to prevent seizures but there is no cure for preeclampsia or eclampsia other than delivery of the baby.

See also **Preeclampsia**

Source / Further information:

The World Health Organization. (2011). WHO recommendations for prevention and treatment of pre-eclampsia and eclampsia. Geneva. Retrieved from http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/9789241548335/en/

Essential Obstetric and Neonatal Care (EmONC)

A package of medical interventions required to treat the seven major complications during delivery. If a facility is providing these facilities it is known as an Emergency Obstetric and Neonatal Care (EmONC) facility. If a facility should be able to provide these services but for any reason cannot it may be known as a non-EmONC facility.

See also **Signal Functions, BEmONC & CEmONC**

Source / Further information:

Paxton, A., Maine, D., Freedman, L., Fry, D., & Lobis, S. (2005). The evidence for emergency obstetric care. *International Journal of Gynecology & Obstetrics*, 88(2), 181–193. The World Health Organization. (2015). Essential obstetric care Fact sheet N°245. Retrieved from <http://www.who.int/mediacentre/factsheets/fs245/en/>

Fistula

A hole between the birth canal and the bladder or rectum caused by prolonged, obstructed labour without treatment. A fistula leads to women leaking urine and/or faeces and over time, it leads to chronic medical problems. Women with fistulas also often face depression, social isolation, and deepening poverty.

Source / Further information:

UNFPA. (2015). Obstetric Fistula.

Retrieved from <http://www.unfpa.org/obstetric-fistula>

Haemorrhage (Obstetrical or postpartum haemorrhage, PPH)

The loss of blood following a delivery causing the patient to become symptomatic due to the blood loss. This is the most common cause of maternal death worldwide.

Source / Further information:

The World Health Organization. (2012). WHO recommendations for the prevention and treatment of postpartum haemorrhage. Geneva. Retrieved from http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/9789241548502/en/

Health Inequalities

Differences in health status or in access to health services between different population groups.

Source / Further information:

The World Health Organization. (2015). Health Impact Assessment (HIA) Glossary of terms used. Retrieved from <http://www.who.int/hia/about/glos/en/index.html>



Health Indicators

Characteristics of a population which can be measured to describe and summarise the health of a population as a whole or of sub-groups within the population. Health indicators are often used to guide health care policy or to track progress towards a specific goal i.e. the Millennium Development Goal Indicators

Source / Further information:

The World Health Organization. (2015). Health Impact Assessment (HIA) Glossary of terms used. Retrieved from <http://www.who.int/hia/about/glos/en/index.html>

Infant Death

The death of a child for any reason between birth and the child's 1st birthday.

Source / Further information:

UNICEF, The World Health Organization, The World Bank, & United Nations Population Division. (2014). Levels and Trends in Child Mortality Report 2014: Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. New York: UNICEF. Retrieved from http://www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2014/en/

Infant Mortality Rate

This represents the number of infant deaths in a particular population in a given time (usually a year) expressed as the number of deaths for each 1000 live births in the same population and time period.

Source / Further information:

UNICEF, The World Health Organization, The World Bank, & United Nations Population Division. (2014). Levels and Trends in Child Mortality Report 2014: Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. New York: UNICEF. Retrieved from http://www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2014/en/

Kangaroo Mother Care (KMC)

A method of care for preterm babies, in which the premature baby is put in early, prolonged and continuous direct skin-to-skin contact with her mother or another family member to provide stable warmth and to encourage frequent and exclusive breastfeeding. KMC has been shown to reduce deaths from preterm birth complications, prevent infections, promote breastfeeding, regulate the baby's temperature, breathing, and brain activity, and encourage mother and baby bonding.

Source / Further information:

World Health Organization & UNICEF. (2014). Every Newborn: an action plan to end preventable deaths. Geneva: WHO. Retrieved from <http://www.everynewborn.org/every-newborn-action-plan/>

Life-time Risk of Maternal Death

The probability that a 15-year old woman will die eventually from a maternal cause.

Source / Further information:

World Health Organization, UNICEF, UNFPA, The World Bank, & United Nations Population Division. (2014). Trends in Maternal Mortality: 1990 – 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. Geneva: WHO. Retrieved from <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2013/en/>

Longitudinal Study

A longitudinal study is one that takes place over time with at least two (and often more) waves of data collection.

Source / Further information:

Trochim, W. M. K. (2006). Time in Research. Retrieved from <http://www.socialresearchmethods.net/kb/timedim.php>

Low Birth Weight

A birth weight of less than 2500g, irrespective of gestational age. Very low birth weight is defined as a birth weight of less than 1 500g.

Source / Further information:

UNICEF & WHO (2004) Low Birth weight Country, Regional And Global Estimates <http://whqlibdoc.who.int/publications/2004/9280638327.pdf?ua=1>

M

Maternal Death Surveillance and Response (MDSR)

A form of continuous surveillance linking the health information system and quality improvement processes from local to national levels. MDSR includes the routine identification, notification, quantification, and determination of causes and avoidability of all maternal deaths, as well as the use of this information to respond with actions that will prevent future deaths. The goal of MDSR is the elimination of preventable maternal mortality.

Source / Further information:

World Health Organization and partner organizations. (2013). Maternal death surveillance and response: technical guidance. Information for action to prevent maternal death. WHO: Geneva. Retrieved from http://www.who.int/maternal_child_adolescent/documents/maternal_death_surveillance/en/ and MDSR Action Network. (2015). Retrieved from <http://mdsr-action.net/>

Maternal Morbidity

Any health condition attributed to and/or aggravated by pregnancy and childbirth that has a negative impact on the woman's wellbeing.

Source / Further information:

Firoz, T., Chou, D., von Dadelnszen, P., Agrawal, P., Vanderkruik, R., Tunçalp, O., Magee, L., van Den Broek, N. & Say, L.L. (2013). Measuring maternal health: focus on maternal morbidity. Bulletin of the World Health Organization, 91(10), 794 – 6. Or World Health Organization, & Maternal Morbidity Working Group (MMWG). (2015). WHO Maternal Morbidity Working Group. Retrieved from <https://pre-empt.cfri.ca/who-maternal-morbidity-working-group>

Maternal Mortality

The death of a woman while pregnant, during childbirth, or within 42 days of the end of the pregnancy from any cause related to or aggravated by the pregnancy or its management, but not from accidental causes.

Source / Further information:

World Health Organization, UNICEF, UNFPA, The World Bank, & United Nations Population Division. (2014). Trends in Maternal Mortality: 1990 – 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. Geneva: WHO. Retrieved from <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2013/en/>

M

Maternal Mortality Ratio (MMR)

The number of maternal deaths during a given time period per 100 000 births during the same time period.

Source / Further information:

World Health Organization, UNICEF, UNFPA, The World Bank, & United Nations Population Division. (2014). Trends in Maternal Mortality: 1990 – 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. Geneva: WHO. Retrieved from <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2013/en/>

Maternal Near-Miss

The near death of a woman who has survived a complication occurring during pregnancy or childbirth or within 42 days of the termination of pregnancy.

Source / Further information:

Firoz, T., Chou, D., von Dadelszen, P., Agrawal, P., Vanderkruik, R., Tunçalp, O., Magee, L., van Den Broek, N. & Say, L.L. (2013). Measuring maternal health: focus on maternal morbidity. Bulletin of the World Health Organization, 91(10), 794 – 6.

Midwifery

The health services and health workforce needed to support and care for women and newborns, including sexual and reproductive health and especially pregnancy, labour and postnatal care.

Source / Further information:

UNFPA. (2014). The State of the World's Midwifery 2014: A Universal Pathway. A Woman's Right to Health. New York. Retrieved from <http://www.unfpa.org/sowmy>

M

Millennium Development Goals (MDGs)

The United Nations Millennium Development Goals are eight goals that all 191 UN member states have agreed to try to achieve by the year 2015. The United Nations Millennium Declaration, signed in September 2000, commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The MDGs are derived from this declaration, and all have specific targets and indicators.

Source / Further information:

United Nations. (2015). United Nations Millennium Development Goals. Retrieved from <http://www.un.org/millenniumgoals/> and Countdown to 2015. (2015). Countdown to 2015 Maternal, Newborn & Child Survival. Retrieved from <http://www.countdown2015mnch.org/>

Millennium Development Goal 4 (MDG 4)

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

Source / Further information:

United Nations. (2015). Goal 4: Reduce Child Mortality. Retrieved from <http://www.un.org/millenniumgoals/childhealth.shtml> and Countdown to 2015. (2015). Countdown to 2015 Maternal, Newborn & Child Survival. Retrieved from <http://www.countdown2015mnch.org/>

Millennium Development Goal 5 (MDG 5)

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio and achieve by 2015 universal access to reproductive health care.

Source / Further information:

United Nations. (2015). Goal 5: Improve Maternal Health. Retrieved from <http://www.un.org/millenniumgoals/maternal.shtml> and Countdown to 2015. (2015). Countdown to 2015 Maternal, Newborn & Child Survival. Retrieved from <http://www.countdown2015mnch.org/>

Mortality

Death, especially on a large scale (the number of deaths in a given area or period, or from a particular cause)

Source / Further information:

World Health Organization. (2015). WHO Mortality Database. Retrieved from http://www.who.int/healthinfo/mortality_data/en/

Multiple Indicator Cluster Survey (MICS)

International household survey carried out by countries assisted by UNICEF for monitoring the situation of children and women.

Source / Further information:

UNICEF. (2014). Multiple Indicator Cluster Survey (MICS). Retrieved from http://www.unicef.org/statistics/index_24302.html

Neonatal Death

The death of a child who is born alive but dies within the first 28 days of life.

Source / Further information:

UNICEF, The World Health Organization, The World Bank, & United Nations Population Division. (2014). Levels and Trends in Child Mortality Report 2014: Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. New York: UNICEF. Retrieved from http://www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2014/en/

Neonatal Mortality Rate (NMR)

The number of neonatal deaths in a particular population in a given time (usually a year) expressed as the number of deaths for each 1000 births in the same population and time period.

Source / Further information:

UNICEF, The World Health Organization, The World Bank, & United Nations Population Division. (2014). Levels and Trends in Child Mortality Report 2014: Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. New York: UNICEF. Retrieved from http://www.who.int/maternal_child_adolescent/documents/levels_trends_child_mortality_2014/en/

Newborn Resuscitation

An intervention after a baby is born to help him/her breathe and to help his/her heart beat. Bag-and-mask resuscitation with room air is sufficient for nearly all babies not breathing at birth.

Source / Further information:

World Health Organization & UNICEF. (2014). Every Newborn: an action plan to end preventable deaths. Geneva: WHO. Retrieved from <http://www.everynewborn.org/every-newborn-action-plan/>

O

Obstetrics

The medical field dealing with the care of women throughout pregnancy, including before birth, during birth, and in the period following birth.

Source / Further information:

World Health Organization, UNFPA, UNICEF, & AMDD. (2009). Monitoring Emergency Obstetric Care: A handbook. Geneva: WHO, UNFPA, UNICEF, & AMDD. Retrieved from <http://www.who.int/reproductivehealth/publications/monitoring/9789241547734/en/>

Obstetric Emergencies

Life-threatening medical conditions that occur in pregnancy or during or after labour and delivery.

Source / Further information:

World Health Organization, UNFPA, UNICEF, & AMDD. (2009). Monitoring Emergency Obstetric Care: A handbook. Geneva: WHO, UNFPA, UNICEF, & AMDD. Retrieved from <http://www.who.int/reproductivehealth/publications/monitoring/9789241547734/en/>

Obstructed Labour

Is the failure of the fetus to descend through the birth canal. This may be for several reasons including the head being too large to fit through the pelvis or that the fetus is in a difficult position. Obstructed or prolonged labour can be identified using a partograph. An assisted delivery or an emergency delivery by caesarean section may be necessary.

Source / Further information:

World Health Organization. (2008). Managing prolonged and obstructed labour: Midwifery education module 3. Retrieved from http://www.who.int/maternal_child_adolescent/documents/3_9241546662/en/

P

Partograph

A graphical representation of the progression of labour. They are completed by health care workers and show when labour is proceeding at a normal rate and when care providers should begin preparing for and carrying out interventions to help deliver the baby.

Source / Further information:

World Health Organization. (2014). Effect of partogram use on outcomes for women in spontaneous labour at term. Retrieved from http://apps.who.int/rhl/pregnancy_childbirth/childbirth/routine_care/cd005461/en/

Perinatal Death

The death of a foetus or newborn in the period between 28 weeks of pregnancy and 7 days after birth. This definition is used by the World Health Organization, for international comparability. However, the International Classification of Disease 10th revision (ICD-10) defines a perinatal death as the death of a foetus or newborn in the period between 22 weeks of pregnancy and 7 days after birth.

Source / Further information:

Lawn, J. E., Blencowe, H., Pattinson, R., Cousens, S., Kumar, R., Ibiebele, I., Gardosi, J., Day, L.T., & Stanton, C. (2011). Stillbirths: Where? When? Why? How to make the data count? *The Lancet*, 377(9775), 1448–1463.

Perinatal Mortality Rate

The number of perinatal deaths in a particular population in a given time (usually a year) expressed as the number of deaths for each 1000 live births in the same population and time period.

Source / Further information:

Lawn, J. E., Blencowe, H., Pattinson, R., Cousens, S., Kumar, R., Ibiebele, I., Gardosi, J., Day, L.T., & Stanton, C. (2011). Stillbirths: Where? When? Why? How to make the data count? *The Lancet*, 377(9775), 1448–1463.

P

Postnatal Care

Health care for the mother and newborn in the postnatal period - from immediately after the birth until around six weeks.
(Also known as postpartum or puerperium)

Source / Further information:

World Health Organization. (2015). Postnatal care. Retrieved from http://www.who.int/maternal_child_adolescent/topics/newborn/postnatal_care/en/

Pre-Eclampsia

A condition that can develop during pregnancy characterized by high blood pressure (hypertension) and protein in the urine (proteinuria). If not properly recognized and managed, pre-eclampsia can progress to eclampsia. There is no cure for preeclampsia other than delivery of the baby and no known way to prevent preeclampsia

See also **Eclampsia**

Source / Further information:

The World Health Organization. (2011). WHO recommendations for prevention and treatment of pre-eclampsia and eclampsia. Geneva. Retrieved from http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/9789241548335/en/

Preterm Birth

A baby born alive before 37 weeks of pregnancy are completed:

Extremely preterm (<28 weeks)

Very preterm (28 to <32 weeks)

Moderate to late preterm (32 to <37 weeks)

Source / Further information:

March of Dimes, The Partnership for Maternal Newborn & Child Health, Save the Children, & World Health Organization. (2012). Born Too Soon: The Global Action Report on Preterm Birth. WHO: Geneva. Retrieved from http://www.who.int/maternal_child_adolescent/documents/born_too_soon/en/ and Blencowe, H., Cousens, S., Oestergaard, M. Z., Chou, D., Moller, A.-B., Narwal, R., Adler, A., Garcia, C.V., Rohde, S., Say, L., & Lawn, J.E. (2012). National, regional, and worldwide estimates of preterm birth rates in 2010 with time trends since 1990 for selected countries: a systematic analysis and implications. *The Lancet*, 379(9832), 2162–2172



Quality of Care

**“The way individuals and clients are treated by the system providing services”
(Bruce-Jain framework, 1990)**

WHO dimensions of quality of care: effective, efficient, acceptable/patient-centred, accessible, equitable, and safe.

Source / Further information:

Jain, A., Bruce, J., & Mensch, B. (1992). Setting standards of quality in family planning programs. *Studies in Family Planning*, 393–395.

World Health Organization. (2006). *Quality of Care: A process for making strategic choices in health systems*. WHO: Geneva. Retrieved from <http://apps.who.int/iris/handle/10665/43470>

S

Sepsis (postpartum sepsis, also known as puerperal fever)

Sometimes referred to as either blood poisoning or septicaemia, sepsis is a whole-body inflammatory response to a severe infection, usually but not necessarily caused by bacteria. Symptoms of sepsis can include, fever or hypothermia, rapid breathing, elevated heart rate, confusion, and swelling. Postpartum sepsis results from infections contracted during or following childbirth.

Source / Further information:

Managing puerperal sepsis: http://www.who.int/maternal_child_adolescent/documents/4_9241546662/en/
or http://www.sepsisalliance.org/sepsis_and/pregnancy_and_childbirth/

Signal Functions

The 9 individual components of EmONC services. There are 7 basic signal functions, which BEmONC facilities should be able to perform: administration of parenteral antibiotics; administration of oxytocic drugs; administration of anticonvulsants; manual removal of placenta; removal of retained products; assisted vaginal delivery; and perform basic neonatal resuscitation.) There are an additional 2 signal functions (perform surgery (e.g. caesarean section) and provide blood transfusion) which CEmONC level should be able to provide.

See also **EmONC, BEmONC & CEmONC**

Source / Further information:

World Health Organization, UNFPA, UNICEF, & AMDD. (2009). Monitoring Emergency Obstetric Care: A handbook. Geneva: WHO, UNFPA, UNICEF, & AMDD. Retrieved from <http://www.who.int/reproductivehealth/publications/monitoring/9789241547734/en/>

S

Skilled Attendance

The process through which a woman is provided with adequate care during labour, birth, and the postpartum period requiring two key components—a skilled attendant and an enabling environment that includes adequate equipment, supplies, drugs, and transport for referral.

Source / Further information:

UNFPA. (2014). The State of the World's Midwifery 2014: A Universal Pathway. A Woman's Right to Health. UNFPA: New York. Retrieved from <http://www.unfpa.org/sowmy>

Skilled Attendant/ Skilled Provider

A physician, nurse or midwife trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns.

Source / Further information:

UNFPA. (2014). The State of the World's Midwifery 2014: A Universal Pathway. A Woman's Right to Health. UNFPA: New York. Retrieved from <http://www.unfpa.org/sowmy>

Stillbirth

A baby born with no signs of life, weighing more than 1,000 g or with more than 28 completed weeks of gestation (as defined by the World Health Organisation for international comparison purposes)

Source / Further information:

World Health Organization & UNICEF. (2014). Every Newborn: an action plan to end preventable deaths. Geneva: WHO. Retrieved from <http://www.everynewborn.org/every-newborn-action-plan/>
The Lancet's Stillbirths Series Steering Committee. (2011). Stillbirths Series. The Lancet, 377(9774).

Stillbirth Rate

The number of stillbirths in a particular population in a given time (usually a year) expressed as the number of stillbirths for each 1000 total births in the same population and time period.

Source / Further information:

World Health Organization & UNICEF. (2014). Every Newborn: an action plan to end preventable deaths. Geneva: WHO. Retrieved from <http://www.everynewborn.org/every-newborn-action-plan/>
The Lancet's Stillbirths Series Steering Committee. (2011). Stillbirths Series. The Lancet, 377(9774).

Unsafe Abortion

Is an induced abortion that is:

- ▶ Done by people lacking the necessary skills
- ▶ Done in an environment that does not conform to minimum standards – this includes abortions that do not conform to local legal requirements

About half of all abortions worldwide are unsafe and 99% of those are in low and middle income countries. Complications from unsafe abortion are a leading cause of maternal death.

See also **Abortion**

Source / Further information:

Department of Reproductive Health and Research, & World Health Organization. (2011). Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008 (6th ed.). WHO: Geneva. Retrieved from http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241501118/en/

V

Verbal Autopsy

A method of determining individuals' causes of death without a complete vital registration system. Verbal autopsies consist of a trained interviewer using a questionnaire to collect information about the signs, symptoms, and demographic characteristics of a recently deceased person from an individual familiar with the deceased.

Source / Further information:

World Health Organization. (2015). Verbal autopsy standards: ascertaining and attributing causes of death. Retrieved from <http://www.who.int/healthinfo/statistics/verbalautopsystandards/en/>

Mama Ye is about making life-saving changes for Africa's mothers and babies. We support existing change-makers, governments, healthcare professionals and individuals to ensure that mothers and babies survive and thrive. We do this through a strategic combination of evidence, advocacy and accountability.

We believe in re-framing the debate and transforming African attitudes to maternal and newborn health (MNH) away from fatalism towards hope by using clearly articulated and accurate evidence and stories of success. We can encourage changes in behaviour and influence those who have the resources and power to change policy.

Mama Ye empowers you with evidence to act for change. Our highly resourced website gives information on health budgets, research, clinical guidelines, government investment in MNH and more. We produce an array of creative assets from scorecards to banners and we encourage you to use them.

**Mama Ye is a campaign initiated by Evidence for Action funded by UKAID.
E4A works in Ethiopia, Ghana, Malawi, Nigeria, Sierra Leone and Tanzania.**



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